

Division of Developmental Services Update for VACSB Developmental Services Council 1/20/15

DBHDS Division of Developmental Services Staff

DBHDS Vision: A life of possibilities for all Virginians

Person-Centered ISP Update

Person-Centered Individual Support Plan* Reasons to Refresh

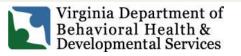
- Support compliance with Licensing, Human Rights, QMR and the 2014 CMS Final Rule
- Meet expectations of the DOJ Settlement Agreement
- Address observations and concerns from the DOJ Independent Reviewer
- Assure planning is person-centered, promotes full community inclusion and support s self-determination

2014 ISP Refresh Focus Team

- Individual
- Advocate
- Family member
- Private provider
- DD Case manager
- CSB Support Coordinator/CM Supervisor
- CSB ID Director
- DMAS (LTC, QMR, Policy)
- DBHDS (CRC, CIM, OL, OHR, Waiver Operations, CM, Employment, Housing)

Primary Updates to the ISP

Comprehensive supports and m	nost integ	grated	settin	gs	
Measurability					
Employment First	Individual Support Plan				
	I. Essential Information				
Community participation	Contact Information				
commanity participation	Legal Name:		Preferred Name:		$\overline{}$
	Date of Birth:		Gender:		
Skill-development	Medicaid #:		Medicare #:		
	Home Street				
	Address: Mailing Address		Insurance:		
	or P.O. Box:		SSN#:		
Psychotropic medication use	City:		Zip Code:		
	Home phone:		Cell phone:		
	Work phone:		Email address:		
Monitoring	Emergency Contacts / Representation				
Monitoring	Name	Phone:	Fax:	Email:	
	Relationship:	Address:	. F	Foreite	
	Legal Guardian: Relationship:	Phone:	Fax:	Email:	
Choice and control	Authorized Rep:	Phone:	Fax:	Email:	
	Relationship:	Address:			
l Dial.					
l Risk					



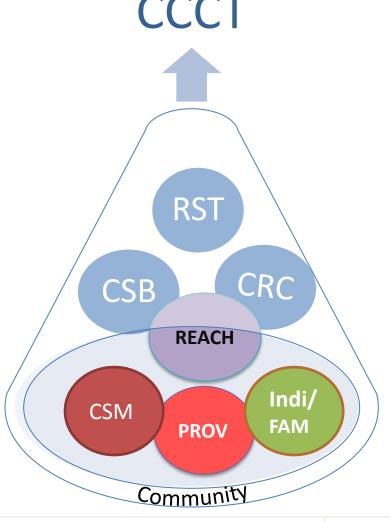
PC ISP Refresh 2015 Roll-Out

- January model PC ISP on website; guidance on changes in elements; answer questions/take comments
- February video outlining and explaining changes; train DMAS QMR & DBHDS OL/OHR; regional ISP Train-the-Trainer sessions scheduled; take comments
- March complete initial training sessions with supervisors and managers; enlist PC ISP Specialists; review comments; produce FAQs
- April begin use for individuals with planning meetings held in April; provide ongoing TA and training of PC ISP trainers and PC ISP Specialists

Critical and Complex Consultation Team

Critical & Complex Consultation Team (CCCT)

- Convened for an emergency consultation when community resources have been exhausted and an immediate resolution to a crisis or other urgent need has not been reached.
- Existing community resources to be employed first:
 - •CSBs (SCs, etc.)
 - private providers
 - DD waiver CMs
 - REACH
 - •CRCs
 - RST
 - •sister agencies
 - advocacy organizations



Critical & Complex Consultation Team (CCCT)

The CCCT will be coordinated by:

Ms. Linda Bassett

Community Integration Manager

DBHDS-Division of Developmental Services

Work Cell 804-720-8592

Email: <u>linda.bassett@dbhds.virginia.gov</u>

- Ms. Bassett will triage requests from the CRC, CIM, RST representative or support coordinator/case manager as necessary, to gather all relevant information after which she will convene the CCCT. The timeline for response will be determined by the details of the situation.
- DBHDS will respond immediately when it is deemed critical to the future health and safety of the individual.

Critical & Complex Consultation Team (CCCT)

PROCESS

- When <u>ALL community</u> resources have been exhausted the CRC or SC/CM will contact <u>Linda</u> <u>Bassett</u>
- Ms. Bassett will triage and/or convene the CCCT
- A response will be given to the community lead person
- Ms. Bassett will request a status report on behalf of the CCCT within an appropriate time frame

Critical and Complex Consultation Team (CCCT)

- Update
 - 4 individuals referred
 - 1 resolved
 - 3 pending
 - Medical Care
 - Competency
 - Provider Availability
 - Consumer choice
 - Guardianship

Developmental Disabilities Health Supports Network (DDHSN)

DDHSN Moving Forward

General Updates

- Hiring/on-boarding begun for regional RN Care Consultants
- Developing a more thorough assessment document (Health Services Needs Assessment and Nursing Assessment)
- Establishing an educational and supportive outreach program for community-based nurses in conjunction with the Health Support Network
- Conducting region-based community nursing meetings initiated in regions 2 and 4 - will begin in Region 3, 1 and 5 within the year
- Begun working with CVTC and NVTC to explore improved outreach education
- Developing mobile rehab and dental services
- Hired PASRR RN

DDHSN Highlights

Region IV

- Two Central Office based RNs hired and on-boarding Jan. 10, 2015
- One community based nursing "staff meeting" (12/11/14)
- One community based nursing meeting pending
- Dentistry
 - Services provided for former TC residents at HDMC
 - Emergency services available at HDMC
 - Dental Safety Net Clinic Meeting Jan. 22, 2015
- Mobile Engineering has project lead
 - Equipment being gathered
 - Scheduling pending information from locales
 - Initial visits may start first of February 2015

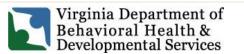
Highlights & PASRR

Region II

- Funding provided for existing RCSC through FY2015
- Region 2 RNCC interviews by February 2015
- Community-based nursing staff meetings
 - Two thus far, third scheduled very engaged

Preadmission Screening & Resident Review (PASRR)

- Hired and on-boarded RN to coordinate the PASRR process
- Establishing a new relationship and contract expectations with contracting agency (ASCEND) for PASRR II screenings
- Establishing a process to redirect individuals to appropriate community settings even when PASRR II requirements are met for SNF admission
- Re-evaluating no later than 90 days following a respite or rehab admission for community placement
- Plan to perform resident reviews statewide on all individuals not seen in last 3 months



Housing and Supportive Services Summit (HSS)

HSS- Kick-off Planning Meeting

- January 7, 2015: Kick-off Planning Meeting to organize a "Housing and Supportive Services Summit"
 - DBHDS
 - Department of Housing and Community Development (DHCD)
 - Department Medical Assistance Services (DMAS)
 - Virginia Housing Development Authority (VHDA)
- The intent of the summit:
 - Establish regional teams to focus on creating plans to connect individuals with ID/DD to independent, integrated housing and appropriate supportive services

HSS- Target Regions for Summit

- The interagency partnership is seeking the participation of regional representatives from three areas to develop community frameworks for creating appropriate housing and supportive services options
 - Hampton Roads
 - Northern Virginia
 - Greater Richmond
- These regions were chosen because of the
 - independent housing initiatives already underway in these areas (e.g., HUD 811, Rental Choice VA, etc.)
 - significant number of individuals in the target populations in the regions.

HSS- Next Steps

- Each region will
 - formalize their teams
 - develop action plans and goals for the number of people in the target population to access their own rental housing within a 6-9 month timeframe
 - implement their action plans to achieve their stated goals
- Housing and Supportive Services Summit to be held in by April 2015

Supports Intensity Scale® Update

SIS® Implementation Progress

- Establishment of Regional Support Team to provide support to localities
- Facilitation of 5 Respondent Trainings and 5
 SIS® Superuser Trainings
- 110 SISs completed during training phase

SIS® Implementation Progress Timeline

- January up to 30% of average monthly capacity
- February up to 60% of average monthly capacity
- March up to 100% of average monthly capacity
- Four new interviewers coming on and 8 currently AAIDD recognized

Challenges

- Issues with encryption and information gathering
- New SIS® process
- Changes in prioritization, which reflect waiver redesign processes
 - Initials
 - Exceptional Supports Rate
 - Day Support Waiver
 - Group Home
 - Sponsored Residential
 - Routine (ISP-based) 3-year cycle

Challenges (cont'd)

- Orienting CSBs in the second phase to the scheduling process as we ramp up
- Weather and illness-related cancellations affect scheduling
- Transition from AAIDD to Ascend
- Support Coordinators who were previously SIS interviewers can find the new process challenging
- Global awareness of the lengthy process to transition to a new vendor

Upcoming Changes

- Ascend developing a time saving on-line entry system for CSB staff (Point Person/SCs) to enter interview and respondent data. Available in next few months on the Ascend web site.
 - This will eliminate, in most cases, need for encrypted email and associated difficulties.
- Regional Support Specialists analyzing scheduling to ensure prioritization is occurring as directed
- Regional Support Specialists will begin sitting in on random SIS® interviews to support the process.

Identifying DD Waiver Transition Support Needs

- Bringing the DD waiver individuals into the new waiver system means that all individuals on the DD waiver must have a SIS® by March 2016
 - Ascend will review scheduling plans and process with DD
 Waiver Manager in advance of implementation

 Respondent Training for families and providers will begin in March 2015

ID/DD Waiver Redesign

Why Replace Three ID/DD Waivers with Three **Different** ID/DD Waivers?***

Advantages to amending the current three waivers, vs. creating one combined waiver:

- Individuals will be able to move to the new waivers at different points in time cost controlled phase-in.
- Unique composition of services per waiver
 supports a specific range of individual needs.

A Time for Change: Waiver Redesign

Why Change is Needed:

- The current waivers do not fund the services actually needed but rather services available within specific waiver.
- The current waivers do not adequately support the national agenda to ensure individuals with intellectual and developmental disabilities live, work and receive support within their community.
- The current waivers do not address the unique needs of individuals across the spectrum of intellectual and developmental disabilities.
- The current waivers do not address future trends for a decreased workforce amid an aging ID population and increasing DD population.

Basic Premise

Current Waivers

New Waivers

Intellectual Disability
Waiver

Community Living Waiver

Developmental Disability
Waiver

Family and Individual Supports Waiver

Day Support Waiver

Building Independence Waiver

Waiver Redesign Advantages

- Ensures and funds "right level" of service provision for each individual
- Promotes more "small setting" residential opportunities
- Meets new CMS requirements
- Decreases confusion for individuals and families

- Increases ability of individuals to transfer to appropriate waiver as needed
- Improves cost benefit to state and individuals by providing more service opportunities to more Virginians at lower expense to state

Elements of Virginia's Waiver Redesign Plan

- Decreasing reliance on "staff-heavy" models; increasing the number of technologically-based and more natural supports services
 - ➤ Adding Electronic-Based Home Supports
 - Adding "Shared Living:" stipend for nondisabled roommate in exchange for extra "eyes on"
 - ➤ Increased reliance on families providing supports in the home longer
- Incentivizing smaller homes and services with more community integration
 - ➤ Higher reimbursement rates for smaller settings; lower for larger settings
 - More choices for those with lower level needs currently in large group home settings to live in apartments
 - ➤ Continued reliance on Sponsored Residential for those with higher level needs

Elements of Virginia's Waiver Redesign Plan (cont'd)

- Amending the existing ID/DD/DS waivers, vs. creating new ones
 - CMS is now requiring all NEW waivers to be in full compliance with CMS Final Rule provisions re: community integration of settings. Virginia is not yet fully compliant.
- Developing model waivers that will offer more services to more people at less cost
 - Needs based structure for accessing the appropriate waiver is critical to waiver redesign.

How Did We Get Here?

- DBHDS contracted with Human Services Research Institute (HSRI), a national leader in the DD field, to study our system and give recommendations on waiver redesign.
- FY 2014 ID/DD Waiver Study: My Life, My Community
- HSRI recommended utilizing a seven level system to allocate supports budgets based on individual need in order more equitably and efficiently manage the state's resources.

Recommendations

Make services and budgets that are:

- ✓ Fair for everybody
- ✓ Based on individual needs and choices
- ✓ Available when they are needed

We Need to Balance Individuals' and Systems' Needs

What's important to people

What's important to the system

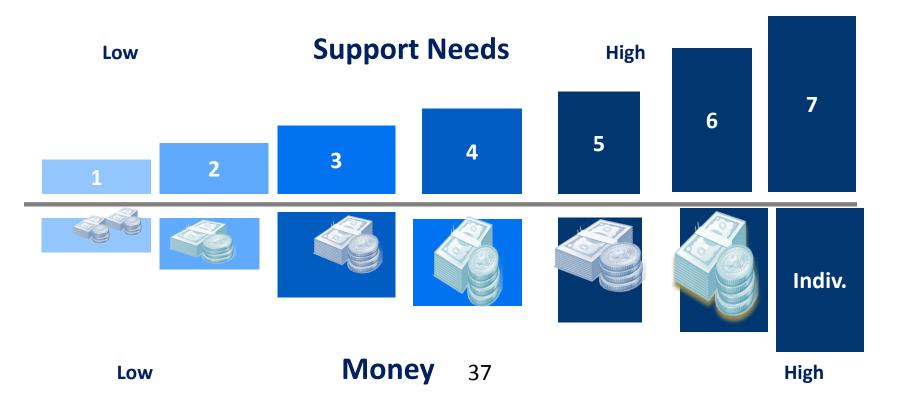




Personcentered system that can last over time

How Will it Work?

- a. Find out about the individual's needs for support.
- b. Based on the individual's support needs, he/she will get a level.
- c. Individual gets a budget he/she can spend to get services.



Ensuring the Right Services and Supports

Tier 4

Extraordinary Behavioral Support Needs

1.5% = 173 individuals

Extraordinary Medical Support Needs

6.9% = 794

Severe Support Needs

5.3% = 610 individuals

High Support Needs

Tier 3

38.7% = 4452 Individuals

Mild/Moderate Support Needs + Some **Behavioral Support Needs**

2.4% = 276 individuals

Tier 2

Moderate Support Needs

37.9% = 4360 individuals

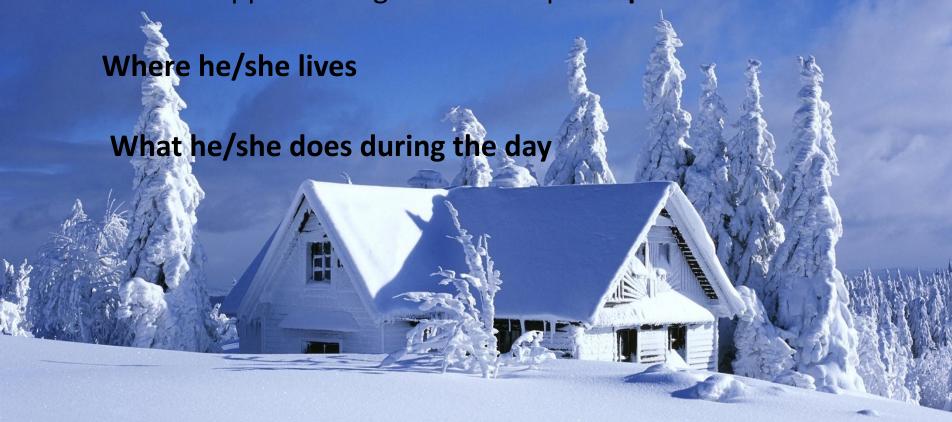
Tier 1

Mild Support Needs

7.3% = 840 individuals

Service Packages Translate to an Individual's "Supports Budget"

An individual's supports budget is made up of 2 parts:



Other services like environmental modifications, nursing, crisis services, and assistive technology are "add-on's" to the base budget, **if** the individual needs them.

Amending the Intellectual Disability (ID) Waiver

Amend the ID Waiver to



Community Living Waiver

24/7 services and supports for individuals with complex medical and/or behavioral support needs through licensed services. Includes residential supports and a full array of medical, behavioral, and non-medical supports. Available to adults and some children.



SA calls for 1940 Community slots over the next 5 fiscal years.



SA calls for 425 Facility slots over the next 5 fiscal years.

Training Center Census Reduction Through 2020

Census	Census						
FY11=1084	1.6.15	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20
CVTC	263	190	120	90	60	30	0
NVTC	77	42	0	0	0	0	0
SEVTC	74	71	68	68	68	68	68
SWVTC	133	122	76	36	0	0	0
Total	547	425	264	194	128	98	68
% of							
Reduction							
from 2011	50%	61%	76%	82%	88%	91%	94%
Additional							
Slots per							
SA	90	85	90	90	35	35	

1575

182

121

81

46%

7%

10%

8%

551*

84*

120*

96*

ID Waiver:	Adults in	n Group H	lomes & S	SRS	
LEVEL OF SUPPORT NEED	ADULTS IN (GROUP HOMES	ADULTS IN SPO	ONSORED RI	ES.
Level 1 - Mild Support Needs	5.5%	222	4%	48	
Level 2 - Moderate Support Needs	45%	1817	21%	252	
Level 3 - Mild/Moderate Support Needs +	1%	40	4%	48	

39%

4.5%

3%

2%

Some Behavioral

Support Needs

Level 4 – High Support Needs

Level 5 - Severe Support Needs

Level 6 - Extraordinary Medical

Support Needs

Behavioral Support

Level 7 - Extraordinary

Needs

Comparison of Proposed Reimbursement for Three Residential Services

Rest of State							
	Ind. Living	Sponsored Residential	Comparable Group Home Monthly Revenue				
Tier	Rate	Rate	4 or fewer beds	5 beds	6 beds		
1	\$1,197.56	\$3,509.00	\$6,018.57	\$5,610.93	\$5,439.21		
2	\$2,003.52	\$4,759.00	\$7,171.25	\$6,299.21	\$6,040.93		
3	N/A	\$6,092.00	\$7,885.34	\$6,987.50	\$6,729.50		
4	N/A	\$7,342.00	\$8,917.63	\$7,761.79	\$7,546.79		
NOVA							
	Ind Living	Sponsored Residential	Comparable Group Home Monthly Revenue				
Tier	Rate	Rate	4 or fewer beds	5 beds	6 beds		
1	\$1,361.97	\$3,696.00	\$6,769.92	\$6,318.13	\$6,123.49		
2	\$2,262.87	\$4,896.00	\$8,074.54	\$7,097.01	\$6,805.18		
3	N/A	\$6,244.00	\$8,882.65	\$7,875.88	\$7,583.77		
4	N/A	\$7,494.00	\$10,050.53	\$8,752.22	\$8,508.84		

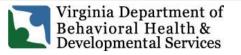
Potential Results of Individuals' Accessing the Most Appropriate Waiver

Offering Independent Living services in the Building Independence Waiver to 500 individuals* with mild/moderate support needs who currently reside in Group Homes or Sponsored Homes . . .

could move current ID Waiver individuals to a lower cost, more appropriate service package waiver

The savings to the Commonwealth would be approximately \$4,585,000 for those individuals' services and would result in freeing up capacity in current group homes to serve those with more complex needs who are more appropriate for such settings.

* The DS waiver is currently funded for 300 slots. 200 new slots are being requested of the GA this year.



Amending the Developmental Disabilities (DD) Waiver

Amend the DD Waiver to

Family and Individual Supports Waiver

For individuals living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs. Designed to meet individual support needs and preferences. Available to both children and adults.



SA calls for 225 DD waiver slots that could be use for this waiver over the next 6 fiscal years.

Amending the Day Support (DS) Waiver

Amend the DS Waiver to



Building Independence Waiver

For adults (18+) able to live independently in the community. Individuals own, lease, or control their own living arrangements and supports are complemented by non-waiver-funded rent subsidies. Supports are episodic/periodic in nature.



Governor's budget proposes 200 new waiver slots for this waiver in FY2016. This will enable the Commonwealth to build community capacity.

Waiver Redesign Timeline

January 2016

State
 proposes to
 phase in the
 Building
 Independence
 Waiver

March 2016

State
 proposes to
 phase in the
 Family and
 Individual
 Supports
 Waiver and
 Community
 Living Waiver

July 2016

- New Group
 Home Rate
 structure
 transition (daily
 billing vs.
 current hourly
 billing) will
 become effective
- Residential rates will take effect at transition
- Other services take effect by individual plan year.

October 2016

Transition of non-residential individuals (i.e., living with family) take effect

January 2017

New Sponsored Residential rate structure transition will take effect

Residential rates take effect at transition

Other services take effect by individual plan year

